

SEP 09 2005

FAX TRANSMISSION**DATE:** September 9, 2005**PTO IDENTIFIER:** Application Number 09/778926-Conf. #8540
Patent Number**Inventor:** John COLLINGE**MESSAGE TO:** Examiner Riley**FAX NUMBER:** (571) 273-0786**FROM:** WILMER CUTLER PICKERING HALE AND DORR LLP
Alison E. Corkery**PHONE:** (617) 526-6000**Attorney Dkt. #:** 102286-408CON (290897.120US2)**PAGES (Including Cover Sheet):** 7**CONTENTS:** Transmittal (1 page)
Certificate of Transmission (1 page)
Amendment After Allowance

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*Received C.F.C.
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PTO/SB/97 (09-04)

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Attorney Docket No.: 102286-408CON
(290897.120US2)

Application No. (if known): 09/778926

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Transmittal (1 page)
Amendment After Allowance (4 pages)

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| <h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p> | | Application Number | 09/778926-Conf. #8540 |
| | | Filing Date | February 6, 2001 |
| | | First Named Inventor | John COLLINGE |
| | | Art Unit | 1637 |
| | | Examiner Name | J. Riley |
| Total Number of Pages In This Submission | 5 | Attorney Docket Number | 102268-408CON (290897.120US2) |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final (After Allowance) <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | WILMER CUTLER PICKERING HALE AND DORR LLP | | |
| Signature | <i>Alison E. Corkery</i> | | |
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| Dated: September 9, 2005 | Signature: <i>Rocky Douglas</i> (Rocky Douglas) |

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PATENT**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Collinge

Conf. No.: 8540

Appln. No.: 09/778926

Examiner: Riley, J.

Filed: February 6, 2001

Group Art Unit: 1637

For: DIAGNOSIS OF SPONGIFORM ENCEPHALOPATHY

Atty. Docket No.: 102286.408CON

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9 September, 2005
Date of TransmissionBecky Douglas
Becky DouglasCommissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450**AMENDMENT AFTER ALLOWANCE**

Further to a request by Examiner Riley to submit an amendment to include a cross-reference to related applications, Applicant submits the following amendment.

Amendments to the Specification begin on page 2 of this paper.**Remarks** begin on page 3 of this paper.**Conclusions** begin on page 4 of this paper.

Please amend the above-referenced application as follows.